



**DENTAL BOARD OF CALIFORNIA**  
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241  
TELEPHONE: (916) 263-2300 FAX: (916) 263-2140  
www.dbc.ca.gov



**APPLICATION FOR A  
CONSCIOUS SEDATION PERMIT**  
**Non-Refundable FEE: \$200**

(Sections 1647 - 1647.9, 1682 Business and Professions Code; Title 16 California Code of Regulations Sections 1043 - 1043.8)

Receipt No. \_\_\_\_\_ RC \_\_\_\_\_  
Amount \_\_\_\_\_ Initials \_\_\_\_\_  
Permit No. \_\_\_\_\_ Issued \_\_\_\_\_

Name \_\_\_\_\_

Address of Record (for mail)

Street and Number \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Address of Practice if different

Street and Number \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

FAX number \_\_\_\_\_

Email address \_\_\_\_\_

Birthdate \_\_\_\_\_

Dental License Number \_\_\_\_\_

**QUALIFICATION**

Applicant must provide completed Form CS-2 to serve as documentation verifying completion of a course in the administration of conscious sedation that meets the following criteria:

1. Consists of at least 60 hours of instruction;
2. Requires satisfactory completion of at least 20 cases of administration of conscious sedation for a variety of dental procedures; and
3. Complies in all respects with the requirements of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry of the American Dental Association.

**FACILITIES AND EQUIPMENT REQUIREMENTS** - Are the following available in all places of practice where you administer conscious sedation?

1. An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of a least three individuals to freely move about the patient? Yes \_\_\_\_ No \_\_\_\_
2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation? Yes \_\_\_\_ No \_\_\_\_
3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure? Yes \_\_\_\_ No \_\_\_\_
4. Suction equipment, which permits aspiration of the oral and pharyngeal cavities, and a backup suction device that can operate at the time of general power failure? Yes \_\_\_\_ No \_\_\_\_
5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system that can operate at the time of general power failure? Yes \_\_\_\_ No \_\_\_\_
6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? The recovery area can be the operating theater. Yes \_\_\_\_ No \_\_\_\_
7. Ancillary equipment maintained in good operating condition, which must include all of the following:  
Yes \_\_\_\_ No \_\_\_\_
  - (a) Oral Airways.
  - (b) Tonsillar or pharyngeal type suction tips adaptable to all office outlets.
  - (c) Sphygmomanometer and stethoscope.
  - (d) Adequate equipment for the establishment of an intravenous infusion.
  - (e) Precordial/pretracheal stethoscope.
  - (f) Pulse oximeter.

**RECORDS** - Do you maintain the following records?

1. Adequate medical history and physical evaluation records? Yes \_\_\_\_ No \_\_\_\_
2. Sedation records that show: Yes \_\_\_\_ No \_\_\_\_
  - (a) Multiple blood pressure and pulse readings.
  - (b) Drugs administered, amounts administered, and time administered.
  - (c) Length of procedure.
  - (d) Any complications of sedation.
  - (e) Statement of patient's condition at time of discharge.
3. Written informed consent of the patient, or if the patient is a minor, the parent or guardian.  
Yes \_\_\_\_ No \_\_\_\_

**DRUGS** - Do you maintain emergency drugs of the following types in your facility? Yes \_\_\_\_ No \_\_\_\_

- |                                 |  |
|---------------------------------|--|
| 1. Vasopressor                  | 6. Anticholinergic                         |
| 2. Corticosteroid               | 7. Coronary artery vasodilator             |
| 3. Bronchodilator               | 8. Anticonvulsant                          |
| 4. Appropriate drug antagonists | 9. Oxygen                                  |
| 5. Antihistaminic               | 10. 50% dextrose or other antihypoglycemic |

**EMERGENCIES** - Are you competent to treat all of the following emergencies?

Yes \_\_\_\_ No \_\_\_\_

1. Airway obstruction
2. Bronchospasm
3. Emesis and aspiration
4. Angina pectoris
5. Myocardial infarction
6. Hypotension
7. Hypertension
8. Cardiac arrest
9. Allergic reaction
10. Convulsions
11. Hypoglycemia
12. Syncope
13. Respiratory depression

**STAFF** – Are dental office personnel directly involved with the care of patients undergoing conscious sedation certified in basic cardiac life support (CPR)? Yes \_\_\_\_ No \_\_\_\_

Provide the addresses of all locations of practice where you administer conscious sedation.  
All offices shall meet the standards set forth in regulations adopted by the Board.

IF NECESSARY, CONTINUE ON BACK OF THIS PAGE.

**Certification** - I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct and I hereby request a permit to administer or order the administration of conscious sedation in my office setting(s) as specified by the Dental Practice Act and regulations adopted by the Board. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking this permit.

\_\_\_\_\_  
Signature of Applicant

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.